ADDING/UPDATING A VENDOR IN LOGOS

In order for the City of Concord to create purchase orders and subsequently pay invoices, each vendor must be properly entered into "Vendor Service" in the City's financial management software (Logos). Please provide the following information to ensure that your information is properly entered in Logos.

VENDOR NAME (as it appears on the W-9):		
VENDOR WEBSITE URL:		
1. PURCHASE ORDER MAILING ADDRESS:		
2. PURCHASE ORDER PHONE NUMBER:		
3. PURCHASE ORDER EMAIL ADDRESS:		
4. PURCHASE ORDER FAX NUMBER:		
5. REMIT ADDRESS:		
6. REMIT PHONE NUMBER:		
7. REMIT EMAIL ADDRESS:		
8. REMIT FAX NUMBER:		
9. STANDARD FREIGHT TERMS (FOB: DESTINATION OR FOB: ORIGIN):		
10. STANDARD INVOICE PAYMENT TERMS (Net 30 Days, 2% 10 Net 20 Days etc.):		
11. PROMPT PAYMENT TERMS (Ex. 2% 15 Net 30 Days etc.):		
12. IDENTIFY THE GOODS/EQUIPMENT/SERVICES YOU WILL PROVIDE TO THE CITY:		
13. W-9. Please complete and provide the attached W-9.		
14. INDEMNIFICATION AND INSURANCE CERTIFICATE. If the vendor is coming onto City property to perform a service, the attached Indemnification Agreement must be completed and signed and the vendor must provide her/his firm's insurance certificate as detailed by the attached. If you have questions about the types and levels of coverage required please contact Doug Ross.		
NAME: DATE:		
Please send via mail, email or fax to: City of Concord, Purchasing Division, Attention: Doug Ross, 311 North State Street, Concord, NH 03301; (603) 230-3656 (Fax); dross@concordnh.gov .		

Alternate Form W-9 (rev 01/2011)		Request for Taxpayer Identification Number and Certification		Give form to the requester. Do not send to the IRS.
	Name (as shown on	our income tax return)		
	Business name/disre	ard entity name, if different from above		
		opropriate box for federal tax classification (required): Individual/ Sole proprietor Corporation Partnership Trust/estate ited Liability Company - Enter the tax classification (C= Corporation, S-S Corporation, P= or (see instructions)		Exempt payee
	Address (number, str	eet, and apt. or suite no.)	Requester's name and address City of Concord	ss (optional)
	City, state, and ZIP c	ode	41 Green Street Concord NH 03301	
	List account number(s) here (optional)		
Pari	Taxpayer	Identification Number (TIN)		
withh	olding. For individ	propriate box. The TIN provided must match the name given on the "Namuals, this is your social security number (SSN). However, for a resident all tructions on page 3. For other entities, it is your employer identification of	en, sole proprietor, or d	isregarded

withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3. **Note**. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social Security number —		Employer Identification number —		
Part Certification			m	

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign	Signature of		Date:
Here	U.S. Person	Ω.	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. Note. If a requester give you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Pursuant to IRS Regulations, you must furnish your Taxpayer IRS Identification Number (TIN) to the City whether of not you are required to file tax returns. If this number is not provided, you may be subject to required withholding on each payment made to you. To avoid this withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

CITY OF CONCORD, NEW HAMPSHIRE

THE FOLLOWING INDEMNIFICATION AGREEMENT SHALL BE, AND IS HEREBY A PROVISION OF ANY CONTRACT

The vendor agrees to indemnify, defend and save harmless the City, its officials, officers, agents and employees from any and all claims and losses accruing or resulting to any and all vendors, contractors, subcontractors, suppliers, laborers and any other person, firm, or corporation furnishing or supplying work, services, materials or supplies in connection with the performance of this contract, and from any and all claims and losses accruing or resulting to any person, firm or corporation which may be injured or damaged by the vendor in the performance of this contract. In any case, the foregoing provisions concerning indemnification shall not be construed to indemnify the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees. This indemnification shall survive the expiration or early termination of this contract.

COMPANY
TAXPAYER IDENTIFICATION NUMBER
AUTHORIZED SIGNATURE
ADDRESS
TELEPHONE
TOLL-FREE NUMBER
FAX NUMBER_
E-MAIL ADDRESS

City of Concord, New Hampshire

Insurance Requirements for All Vendors

Additional Coverage is Required if Checked	Minimum Limits Required
Commercial General Liability	
General Aggregate	\$2,000,000
Products-Completed Operations Agg.	\$2,000,000
Personal and Advertising	\$1,000,000
Each Occurrence Injury	\$1,000,000
Fire Damage (Any One Fire)	\$ 50,000
Medical Expense (Any One Person)	\$ 10,000
Occurrence	, ,,,,,,
Claims Made	
Additional Coverage to Include	
Owners & Contractors' Protective – Limit	NA
Underground/Explosion and Collapse	
Commercial Automobile Liability	
Combined Single Limit	\$1,000,000
Any Auto, Symbol 1	
☐ Include Employees as Insured	
Additional Coverage to include:	
Garage Liability	NA
Garage Elability Garage Keepers Legal Liability	NA NA
Garage Recpers Legal Liability	NA
Workers Compensation	
NH Statutory including Employers Liability	
- Each Accident/Disease-Policy Limit/Disease-Each Employee	\$100,000/\$500,000/\$100,000
Commercial Umbrella	
May be substituted for higher limits required above	NA
Follow Form Umbrella on ALL requested Coverage	
Othor	
Other 1. Professional/Errors & Omissions	NIA
	NA
2. Builders Risk – Renovation Form	NTA
All Risk completed value form including Collapse	NA
Sublimit for Soft Cost Coverage	NA
3. Installation Floater (Equipment) 4. Riggers Liability	NA
5. Environmental – Pollution Liability	NA
	NA NA
6. Aviation Liability 7. Watercraft – Protection & Indemnity	NA
7. watercraft – Protection & indemnity	NA

(X) The City of Concord must be named as Additional Insured with respect to General and Automobile Liability



City of Concord, New Hampshire FINANCE DEPARTMENT CONTROL & PURCHASING DIVISIONS

311 NORTH STATE STREET, CONCORD, NH 03301 (603) 225-8560 FAX: (603) 230-3656 www.concordnh.gov

March 1, 2011

Subject: City of Concord Purchase Orders, Vendor Packing Lists and Invoices

Dear Vendor:

To ensure the prompt payment of your invoices and in conformance with the City's Code of Ordinances, Chapter 31, Article 31-1, Purchasing Procedure, it is required that:

- Prior to the delivery of any goods, equipment and/or services, a <u>valid and correct</u> City of Concord purchase order number must be issued to your firm. Invoices submitted without referencing a valid and correct City of Concord purchase order number will not be paid. To confirm if a City purchase order number is valid and correct, please contact the City's Purchasing Manager at (603) 230-3664.
 - a. Note: Delivery of goods, equipment and/or services detailed on a City of Concord purchase order shall indicate acceptance of the City's standard purchase order terms and conditions by the vendor. The City's standard purchase order terms and conditions may be viewed on-line at www.concordnh.gov/Purchasing.
- All subsequent packing lists must reference the following correct information:
 - a. Purchase order number
 - b. Ship-to address; and
 - c. Item(s) and quantities ordered, delivered and back-ordered.
- 3. All subsequent invoices, provided, in one (1) original and one (1) copy, to the bill-to address detailed on the purchase order, must reference the following correct information:
 - a. Purchase order number;
 - b. Invoice number and date;
 - c. Bill-to and Ship-to addresses;
 - d. Payment and freight terms;
 - e. Item(s) and quantities ordered, delivered and back-ordered:
 - f. AIA Form G702, Application & Certificate for Payment (only when applicable)

INVOICES SUBMITTED WITHOUT THE CORRECT INFORMATION WILL BE RETURNED. WITHOUT PAYMENT, UNTIL ALL CORRECT INFORMATION IS PROVIDED.

Please contact Gretchen Wood, Fiscal Technician III at (603) 230-3652 with any invoice payment questions you may have.

Very truly yours,

Douglas B. Ross Purchasing Manager (603) 230-3664 dross@concordnh.gov Katie Graff

Assistant Finance Director

Katie Guff

(603) 225-8581

kgraff@concordnh.gov

cc:

Thomas J. Aspell, Jr, Administration, City Manager

Brian G. LeBrun, Finance Department, Deputy City Manager-Finance